Early On® Oakland
2111 Pontiac Lake Road
Waterford, MI 48328
248.209.2084
248.209.2522 Fax

Early On® Oakland Referral

Child Information

Referral ID:	Date of Referral:	**Child's Legal Name:**	Date of Birth:	Age at Referral:	Gender:

Health Concerns:

Developmental Concerns:

Guardian(s) Information

Name of Guardian(s):

Address:		**Same as Child's Address:** ❑ Yes ❑ No
City:	**Zip Code:**	**School District:**
Home Phone:	Other Phone:	

Best Time to Call:	Email Address:

Referral Information

Referred by:	Contact Information:
How did you find out about Early On®?	
Is the parent aware of this referral?	

Referral Status

☐ **Yes,** our agency will conduct a multi-domain evaluation and determine Early On® eligibility according to Part C mandates.
Responsible Party: _____ Phone #:_____
Agency: _____

☐ **No**, Oakland Schools should initiate the evaluation process.

Referral Form Forwarded To *(for Oakland Schools use ONLY):*

Contact Person	Agency	Fax Number	Phone Number

Evaluator:	Evaluation Date:	Time:

Comments:

Please fax this form to Early On® Oakland at 248.209.2522